OM 011-2003 (5330) CODE PROGRAM FOR HIGH SECURITY INMATES

U.S. Department of Justice
Federal Bureau of Prisons

Operations Memorandum

NUMBER: 011-2003 (5330)
DATE: 7/23/2003
SUBJECT: CODE – Psychology Treatment Program for High Security Inmates

EXPIRATION DATE: 7/23/2004

1. **PURPOSE AND SCOPE.** To improve the institutional adjustment of penitentiary inmates through CODE, a unit-based, cognitive-behavioral program. Their problems are related to one of the following:

- psychological distress;
- mental illness;
- cognitive deficits;
- specific behavioral problems (e.g., poor social skills, impulsivity, etc.);
- risk of victimization; **and**
- who could benefit from living in an enhanced therapeutic environment.

For some inmates, the disturbances in their psychological, cognitive, or behavioral functioning, or their potential to be victimized, can interfere with their ability to adjust satisfactorily to the penitentiary environment. In a high security institution, inmates with these types of vulnerabilities require increased psychological intervention and enhanced supervision in order to sustain successful adjustment to the general population.

Research has shown that with appropriate and timely psychological interventions, many of the correctional challenges these inmates present (e.g., inability to follow orders, interpersonal conflict, poor medication compliance, inconsistent work performance, poor hygiene, low frustration tolerance, misinterpretation of social cues, inability to follow through on agreements, lack of assertiveness, difficulty structuring time, self-injurious behavior, psychological crises, etc.) can be ameliorated. The CODE provides both the treatment and enhanced attention necessary to manage this population effectively.

In June 2002, Psychology Services convened a meeting to modify the existing CODE Program to better meet the needs of these critical populations. This modified CODE Program is presented below.

2. **PROGRAM OBJECTIVES.** The expected results of this cognitive behavioral program are as follows:

a. Improved institutional adjustment as evidenced by:

(1) increased control of acting out behaviors;
(2) improved ability to manage negative emotions;
(3) improved social skills and overall interpersonal functioning; and
(4) knowledge and mastery of relapse prevention skills.

b. Reduction in the amount of time spent in special housing units for those inmates whose chronic disciplinary records suggest underlying psychological distress, mental illness, cognitive deficits and/or specific behavioral problems; and for those inmates who may be at risk for victimization.

c. Reduction in the number of disciplinary infractions sustained by an inmate both during and after his participation in the CODE program.

3. **DIRECTIVE REFERENCED**

PS 5310.12 Psychology Services Manual (8/13/93)

4. **RESPONSIBILITIES**

a. **Warden.** The Warden at each penitentiary must ensure that all aspects of this OM are implemented. In accordance with the Executive Staff decision (March 1997), each high security institution will have a CODE Program and positions will be established for a CODE Coordinator and four CODE Treatment Specialists.

b. **Chief Psychologist.** The Chief Psychologist maintains overall responsibility for the CODE program. The Chief Psychologist must provide supervisory oversight of the CODE Coordinator and will have final authority in the appropriate management of CODE funds. In addition, the Chief Psychologist will inform and educate department heads about CODE's mission.

The goal is to integrate CODE with other institution operations as a resource for managing inmates who have psychological and behavioral problems.

c. **CODE Coordinator.** The CODE Coordinator, a psychologist, will report directly to the Chief Psychologist and is responsible for all CODE clinical and administrative aspects, including final determinations as to program admissions. The CODE Coordinator is responsible for the clinical and administrative supervision of CODE Treatment Specialists - ensuring that the treatment specialists are trained to deliver a range of therapeutic interventions - and for coordinating and collaborating with other departments involved in the CODE.

d. **CODE (Psychology) Treatment Specialist.** Allocated by Executive Staff, the CODE Treatment Specialist will be a Psychology Services Department member. CODE Treatment Specialists will be selected using the Psychology Treatment Specialist or Social Work position guidelines.

They should have a background that includes experience with mental health issues, preferably with an offender population. A Master's Degree is preferred within a psychology/social work discipline. A degreed individual without experience in mental health issues is not a suitable candidate for the position of CODE Treatment Specialist.

It is essential that the best qualified staff are selected to fill CODE treatment positions and that such staff are used exclusively for the provision of the CODE program. CODE Treatment Specialists work in coordination with the Unit Team to implement the inmate's program plan. Except in emergency situations, CODE Treatment Specialists should **not** be used to perform non-psychology duties.

e. **CODE Unit Staff.** On all CODE Units, the Unit Manager supervises Case Managers, Correctional Counselors, and Unit Secretaries and ensures regular communication and coordination between CODE Treatment staff and Unit staff. Both CODE staff and Unit staff will interact with CODE inmates in ways that model and reinforce program objectives and inmate skills.

f. **Other Departments.** As often as needed to ensure an interdepartmental understanding of and commitment to the CODE, CODE Treatment staff will meet with other institution program staff (e.g., Education, Religious Services, Health Services, Recreation, Work Detail staff, Correctional Services). Providing information about CODE should occur formally (e.g., during

Institution Familiarization Training), and informally (e.g., during a department's staff meetings).

Training should include such topics as:

- Making a referral;
- Recognizing the types of inmates who may be appropriate for a referral;
- Managing these inmates in general population (e.g., basic education about mental illness or cognitive disorders, strategies for communicating effectively, etc.); and
- Recognizing and following-up on signs of inmate instability.

In an effort to integrate fully with other departments, thereby maximizing treatment effects for the CODE inmate, CODE Treatment staff should participate in activities which may add to their knowledge of CODE inmates (e.g., Special Housing Unit (SHU) meetings, Discipline Hearing Officer (DHO) hearings, etc.).

5. **PROGRAM OVERVIEW.** The CODE is the unit based treatment component of Psychology Services in high security institutions. Operating within a cognitive-behavioral framework, the CODE is designed for inmates whose psychological distress, mental illness, cognitive deficits, specific behavior problems and/or risk of victimization interfere with their ability to adjust satisfactorily.

The majority of services are provided on a designated residential CODE Unit. With the expectation that they will transfer to a CODE Unit, inmates housed in a SHU who meet the admission criteria, also may be provided with CODE services. Program participation is voluntary, with inmates admitted individually, rather than as a cohort.

a. **Target Population**

- Inmates in the **general population** whose disciplinary problems and/or inability to adjust adequately to the general population, are related to their psychological distress, mental illness, cognitive deficits, specific behavior problems, or potential for victimization. In certain circumstances, it may be appropriate to include less distressed inmates who may serve as mentors and who may benefit from CODE programming.

- Inmates currently housed in a **SHU** whose disciplinary problems and/or inability to adjust adequately to the general population, are caused by psychological distress, mental illness, cognitive deficits, specific behavioral problems, or potential for victimization, **and** who are able to be placed on the CODE Unit within 30 days and agree to work toward such a placement.

- Upon arrival at the penitentiary, all designated inmates (e.g., new commitments, transfers, MRC returns, WRIT returns, etc.) who are known to have, or suspected of having adjustment problems due to psychological distress, mental illness, cognitive deficits, specific behavior problems or who may be at risk for victimization, should be considered for direct placement in the CODE program.

b. **Program Structure**

- **Program Capacity.** The program capacity will be based on an average CODE Treatment Specialist-to-inmate caseload ratio of 1:24.

- **Clinical Case Management.** Each inmate will be assigned to a CODE Treatment Specialist who has primary responsibility for the coordinating that inmate's clinical care. This includes:

  - developing an individualized Treatment Plan;
  - monitoring the inmate's progress on treatment goals;
  - recommending appropriate interventions (e.g., group therapy, referral to a psychiatrist or psychiatric clinic, change in job assignment, etc.); and
  - resolving problem areas.

- **Program Duration.** Each inmate's individual need determines the length of time he or she is involved in CODE. Progress is measured in terms of achievement of treatment goals and maintenance of therapeutic gains. Program participants do not "graduate" from the treatment program because institutional adjustment is viewed as an ongoing process that must continue after one's discharge from the Unit.

- **Schedule for Program Activities.** Inmates residing on the CODE Unit will participate in treatment programming (e.g., daily living skill building, group therapy, individual therapy, journaling, psychoeducational groups, biofeedback, etc.) for one half-day. Ordinarily, participating inmates will have institution work assignments or education during unscheduled program hours, unless otherwise indicated by documented impairments (e.g., psychological, cognitive) or treatment needs.

- **Housing.** The CODE is a residential program. Only CODE participants should live on the Unit.

6. **PROGRAM PROCEDURES**

a. **Program Referral.** Any staff member can refer an inmate, whether in the general population or in a SHU, to the CODE Coordinator. Once the referral is received, the CODE Coordinator will interview the inmate and review relevant documentation to determine whether the inmate is amenable to treatment and is appropriate for placement in the CODE.

b. **Program Admission Criteria.** The CODE Coordinator makes final determinations regarding CODE admissions. Generally, CODE is for inmates who are not adjusting satisfactorily to the general population due to:

(1) psychological distress, mental illness, or cognitive deficits;
(2) behavioral problems (e.g., poor social skills, impulsivity, etc.); or
(3) potential for victimization.

Inmates requesting admission to CODE must meet the following criteria:

- The inmate must volunteer for the program.

- The inmate must sign an Agreement to Participate in the CODE (see Attachment A).

- The inmate must reside on the CODE Unit. The only exception is for inmates in a SHU who meet the criteria for the CODE program and when placement on the CODE unit will be within **30 days.** These inmates may be given the CDE ADMIT designation while still in a SHU when they agree to work toward getting into the CODE

and continue to put forth effort to that end (e.g., completing assigned homework, outlining a Treatment Plan with specific goals, etc.).

- Inmates may be readmitted to CODE as often as is warranted to enhance institutional adjustment.

c. **Treatment Planning.** Treatment starts from the time the inmate is entered into CDE ADMIT status. The following components of the Treatment Planning phase should be synthesized and finalized in producing a Treatment Plan. The results from each of the following areas should lead to specific treatment objectives documented in the Psychology Data System (PDS) under Treatment Plan.

- **Comprehensive Clinical Assessment Process.** Each inmate must receive a comprehensive clinical assessment to inform the treatment process. It is essential that an accurate clinical picture of the inmate be obtained to identify those disorders, deficits, processes, and strengths that are both impinging upon and mitigating the inmate's ability to adjust satisfactorily. At a minimum, this assessment will include the following:

  - **Clinical Interview.** A formal face to face interview must be conducted with each inmate. Examples of structured interview formats are listed in Attachment B.

  - **Review of Records.** To better understand the historical and demographic factors affecting the inmate's current functioning, a review of relevant records is indicated. Such records may include the Pre-Sentence Investigation, the Judgement and Commitment Order, Health Services records, SENTRY (e.g., disciplinary report, education and housing assignments, MDS and/or SMD, etc), and PDS.

  - **Collateral Interviews.** To obtain collateral information about the inmate's level of functioning, staff who interact frequently or significantly with the inmate should be interviewed. Examples of staff to be interviewed may include SHU staff, Unit Team, Correctional Services staff, Work Supervisors, Education, and Health Services staff. Important historical information can be gathered from U.S. Probation staff and family members.

- **Testing**. The use of standardized tests to identify psychological disorders is a critical component of the treatment program. Standardized psychological test(s) contribute to the understanding of the inmate's current level of functioning in order to inform and guide the treatment process. Attachment B provides a list of ***recommended*** testing areas and ***examples*** of instruments. It is the CODE Coordinator's responsibility to identify testing needs (e.g., what is the diagnostic question to be answered?) and the assessment to match. It is also his or her responsibility to select the appropriately credentialed person to conduct testing according to the American Psychological Association standards governing assessments (APA, 2002). In some cases, testing may not be indicated. The clinician should document the reasons testing was not used to assess the inmate's treatment needs.

- **Plan**. An individual Treatment Plan will be completed for each inmate that addresses the specific steps necessary for improved functioning in the general population. The plan should flow logically from the comprehensive clinical assessment. Treatment Plans must be completed during the first 30 days in CDE ADMIT status, as detailed in the Psychology Services Manual, and entered into the PDS.

d. **Treatment**

- **Goals**. In addition to individually tailored goals derived from the comprehensive clinical assessment process, each program participant is expected to demonstrate:

  - Increased control of problem behaviors;
  - Improved ability to manage negative emotions;
  - Improved social skills and overall interpersonal functioning; and
  - Knowledge and mastery of relapse prevention skills.

- **Activities**. Treatment is based on a cognitive behavioral approach and is provided through intensive, individualized case management strategies. CODE inmates must be involved in one or more of the

following treatment options as indicated in their Treatment Plan:

- **Individual Therapy.** Inmates may be assigned to treatment staff for psychotherapy, biofeedback, psychiatric clinic, behavior management strategies, bibliotherapy, journaling, etc..

- **Group Therapy.** Groups should have between eight and 12 program participants. Facilitated by treatment staff, these groups meet from one to three times per week and provide a forum for discussion of therapeutic issues.

- **Psycho-educational Programming.** The primary goal of this cognitive-behaviorally based treatment component is to develop or enhance specific skills required to maintain therapeutic gains and achieve lifestyle change successfully. There is a **mandatory** core of five topics areas that every inmate in CDE ADMIT status must receive. Given the likely range of presenting deficits and skills across the various target populations, it will be important to tailor the complexity of these materials to the group (see Attachment C for a partial list of resource options).

  - **Core Topics**

    - Orientation to the CODE
    - Communication Skills
    - Problem Solving Skills Training
    - Criminal Thinking Patterns
    - Relapse Prevention/Release Planning

  - **Optional Topics:** The following is a partial list of topics that may have utility with these inmates and may be considered for inclusion in an inmate's programming. Additional programs should be added as indicated.

    - Emotional Regulation
    - Stress Management
    - Medication Management
    - Pro-social Lifestyle Management

- Topic Specific Discussion Groups (e.g., parenting, peer relations, job skills etc.)
- Drug/Alcohol Education and/or group treatment

- **Community Town Hall Meetings**: Community, or "town hall" meetings, planned and attended by both Unit Team and CODE Staff, are designed to promote adherence to institutional rules and CODE program norms. These meetings:

  - provide information,
  - support fellow program participants, and
  - provide an opportunity to re-affirm the participant's commitment to a pro-social lifestyle.

e. **Clinical Progress.** Progress towards treatment goals are to be documented as often as is needed, but no less than every 90 days. Treatment staff are to work closely with the Unit Team and other institution staff to monitor the inmate's gains and identify needs. A summary of treatment progress must be documented in the Treatment Plan in PDS.

f. **Discharge Planning.** When the inmate has achieved his treatment goals, requests to withdraw from the program, or is no longer making an effort to progress on his goals, the inmate will be discharged from the CODE. When discharged, CODE staff will prepare a Treatment Summary and enter it into PDS. It will address those areas specified in the Psychology Services Manual to include:

(1) reason for termination;
(2) treatment progress;
(3) symptoms which are in remission;
(4) continuing needs; and
(5) recommendations for aftercare.

g. **Aftercare.** Aftercare, coordinated through the CODE Treatment Staff with involvement from the Unit Team, will be considered for inmates discharging from the CODE. Options may include:

- Individual Therapy;
- Group Therapy;
- Referral to another Psychology Treatment Program (e.g., SKILLS, Habilitation, Sex Offender, Residential Drug Abuse Program); or

- Recommendation for transfer to a more appropriate institution (e.g., less secure institution, closer to home transfer, etc.).

7. **SENTRY CODES.** Each inmate's current CODE status will be maintained on SENTRY. The following SENTRY assignments must be entered accurately and in a timely manner in the Psychology Treatment Program (PTP) category:

- **CDE ADMIT** (CODE Admission): An inmate who signs an Agreement to Participate and who ordinarily will reside in the CODE Unit.

  - Exceptions to residing in the CODE Unit apply to those inmates in a SHU who agree to participate and who will be placed on the CODE Unit within 30 days.

  - The CDE ADMIT assignment must be replaced by one of the termination assignments below when the inmate's participation in the program terminates.

- **CDE DIS** (CODE Discharge): An inmate who accomplishes the goals of his or her Treatment Plan and is subsequently discharged from the unit.

- **CDE NCOM** (CODE Non-Compliant) An inmate who is discharged from CDE ADMIT ordinarily due to **chronic** noncompliance with the Treatment Plan or for engaging in behavior which seriously disrupts the program's operation. The CODE Coordinator is the final authority in discharging an inmate if it is deemed that the inmate's presence is unduly disruptive to the Unit's safe and therapeutic functioning.

  It should be noted that, given the nature of the CODE, a certain amount of inmate acting out should be expected. CODE Staff are tasked with finding creative alternatives to redirect and correct inmates' behavior. Such alternatives might include sanctions, behavioral contracts, case consultation with Treatment and Unit staff, etc. It should not be assumed that a transfer to SHU for disciplinary (or other) reasons is cause for automatic removal from the CODE. An inmate could maintain his CDE ADMIT status while in SHU if the CODE Coordinator deems that the inmate remains amenable to treatment and is actively working on his treatment goals.

- **CDE WDRW** (CODE Withdrawal): An inmate who withdraws from the program against the advice of the CODE staff.

Inmates discharged from CODE for noncompliance or withdrawal will be assigned to another housing unit.

8. **ACHIEVEMENT AWARDS.** Monetary achievement awards will be distributed to inmates based upon progress towards their treatment goals, and should not ordinarily exceed $25 every six months. There is no limit on the amount of monetary award an inmate may earn (e.g., those in for many months will likely accrue more achievement awards than will those in for shorter periods of time), but it is the CODE Coordinator's responsibility to distribute appropriately the funds over the course of the fiscal year.

Ordinarily, only those inmates residing on the Unit will be eligible for the awards. Inmates who withdraw or are discharged due to noncompliance will not receive additional monetary achievement awards.

9. **PROGRAM EVALUATION.** Treatment effectiveness will be evaluated by the Office of Research and Evaluation and the Psychology Services Branch, Central Office. Specific outcomes, including pre and post data, can be conducted on measures of:

- symptom reduction;
- institutional adjustment; and
- time spent in a SHU.

10. **PROGRAM RESOURCES.** The Executive Staff has approved resources for the CODE at all penitentiaries, including those to be activated, which include one CODE Coordinator, and four CODE Treatment Specialists per program. Program funds will be allocated through the Psychology Services Cost Center.

11. **STAFF TRAINING.** Central Office Psychology Services will provide training to all new CODE Coordinators and new CODE Treatment Specialists which will include a review of the CODE's philosophy, treatment components, and program operations. In addition, Central Office will provide CODE staff with clinical and programmatic updates and training designed to inform their practice and enhance their skills.

/s/
Michael B. Cooksey
Assistant Director
Correctional Programs Division

Agreement to Participate in the Bureau's CODE Program

Inmates who volunteer to participate in the Bureau's CODE Program must acknowledge and agree to a number of program rules and policies prior to admission.

- ❑ All inmates agree to participate in treatment activities specified by the CODE Coordinator or CODE Treatment Specialist or as outlined in the Treatment Plan.
- ❑ All inmates agree to refrain from any behavior disruptive to the program or to staff or inmates involved in CODE.
- ❑ All inmates agree to accept responsibility for not disclosing inmate information.

Each CODE inmate understands that to remain in the CODE Program, he must be responsible for:

- ❑ Knowing the rules, goals and schedules of his Treatment Plan;
- ❑ Attending all scheduled activities, as assigned;
- ❑ Completing all assignments on time;
- ❑ Actively participating in activities;
- ❑ Keeping confidential information discussed in treatment activities;
- ❑ Following the Bureau of Prisons' rules and regulations.

Additional Program Responsibilities include:

- ❑ _____
- ❑ _____

The signature below confirms that the inmate understands the expectations placed upon him as a CODE admission.

I have read, or have had this document read to me and I understand and agree to the rules and regulations for participation in the Bureau of Prison's CODE program.

Register No. _____ Inmate Name Printed _____

Date _____ Inmate Signature _____

CODE Treatment Specialist Name and Date Printed

_____

Code Treatment Specialist Signature

_____

Assessment Resource List

Please note that the use of any or all of *these particular* assessments and interviews are NOT mandatory. Rather, **standardized testing is strongly recommended** and should reflect the diagnostic question to be answered, and inform the Treatment Plan. In parentheses, after each test, is the acronym or name of the company which publishes the assessments. Company websites and telephone numbers are at the end of this attachment.

Cognitive Functioning

- Objective: Shipley Institute of Living Scale (WPS)
  Weschler Adult Intelligence Scale-III (Psych Corp)
  General Ability Measure for Adults (NCS)
  Mini Mental State Exam (PAR)

- Structured Interviews: Neurobehavioral Cognitive Status Exam (PAR)

Clinical Symptoms

- Objective: Minnesota Multiphasic Personality Inventory - II (PAR)
  Millon Clinical Multiaxial Inventory - III (NCS)
  Personality Assessment Inventory(PAR)

- Structured Interviews: Structured Clinical Interview for DMS-IV Disorders (MHS)

- Other: Detailed Assessment of Posttraumatic Stress (PAR)
  Beck Depression Inventory - II (Psych Corp)

Psychopathy and Criminal Thinking

- Hare Psychopathy Checklist - Revised (NCS)
- Hare Psychopathy Checklist - Screening Version (NCS)
- Hare P-Scan (NCS)
- Psychological Inventory of Criminal Thinking Styles (Walters, 1995)

Global Assessment of Skills and Deficits

- Global Assessment of Functioning (Axis V from DSM-IV-TR) (PAR)

Resource Ordering Information

MHS MHS: 1-800-456-3003
www.mhs.com

NCS Pearson Assessments: 1-800-627-7271
www.ncspearson.com

PAR Psychological Assessment Resources: 1-800-331-8378
www.parinc.com

Psych Corp: The Psychological Corporation: 1-800-872-1726
www.psychcorp.com

WPS Western Psychological Services: 1-800-648-8857
www.wpspublish.com

To Order the **PICTS** (Walters, 1995) which includes the assessment device, manual, and Access scoring program please contact:

Clinical Treatment Coordinator, Central Office
(202) 514-4492

Resources

CORE CURRICULUM

Cognitive Skills

- Rational Emotive Therapy (RET)
- Thinking for a Change (NIC)
- RDAP Treatment Modules

Problem Solving

- Stages of Change (Prochaska & DiClemente, 1992)
- Thinking for a Change (NIC)
- RDAP Treatment Modules

Criminal Lifestyles

- Lifestyle Criminality (Walters, 1990)
- Commitment to Change (Samenow Video Series)
- RDAP Treatment Modules

Relapse Prevention

- Breaking Barriers (Graham, 1999)
- RDAP Treatment Modules

OPTIONAL CURRICULUM

Anger

- Coping With Anger: A Cognitive Behavioral Workbook (Little and Robinson, 1997)
- Cage Your Rage: An Inmate's Guide to Anger Control (Cullen, 1992 - American Correctional Association)
- How to Escape Your Prison: A Moral Reconation Therapy Workbook (Little and Robinson, 1986)

Anxiety

- Mastery of Your Anxiety and Worry (Barlow, Craske, and Zinbarg, 1993)
  Therapist Guide and Client Workbook
- The Anxiety and Phobia Workbook (Bourne, 2001)
  Therapist Guide and Client Workbook

Axis II

- Skills Training Manual for Treating Borderline Personality Disorder (Linehan, 1993).

Depression

- Overcoming Depression (Gilson and Freeman, 2001). A Cognitive Therapy for Depression - Client Workbook

- Life Beyond Loss: A Workbook for Incarcerated Men (Welo, 1995)

Lower Functioning (Mental Illness/Cognitive Deficits)

- Social and Independent Living Skills Modules (Liberman, 1987)

    - Medication Management
    - Recreation for Leisure
    - Basic Conversation Skills
    - Community Re-Entry
    - Workplace Fundamentals
    - Symptom Self Management
    - www.psychrehab.com to order participant workbooks. Let operator know that you are with the BOP which entitles you to workbooks at cost ($9.00 per workbook). (805) 484-5563.

Pro-Social Values

- Corrective Action Journal Series
    - The Con Game: looks at inmate's faulty believes and behaviors
    - Values: weighs consequences of living a life based on criminal values against living a life based on responsible values
    - Thinking Errors: stresses changing the way people think as the key to changing their feelings and behaviors
    - My Change Plan: follows Prochaska and DiClemente's "stages of change"
    - Abuse and Addiction: recognizes damage of alcohol and drugs on the body, mind and spirit
    - First Step: addresses powerlessness and unmanageability over their addiction and the difficulty of that 'first step'

  - Anger: describes the role of anger in one's life and the provides a thorough anger control plan
  - Citizenship: explores the importance of being a responsible citizen and how one's decisions impact others
  - Life Management: basic and practical information about sleep, nutrition, finances, time management, leisure time and stress management.
- Living Free Program

PTSD

- Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. (Najavits, 2002)

Stress Management

- The Relaxation and Stress Reduction Workbook (Davis, Eshelman and McKay, 2000)

CLINICAL REFERENCES

Cognitive

- Shadow Syndromes (Ratey, 2000)
- A User's Guide to the Brain (Ratey, 2001)
- A Symphony in the Brain (Robbins, 2000)
- Neurobiology of Violence (Volavka, 2002)

Depression

- Cognitive Therapy of Depression (Beck, Shaw & Emory, 1979)

Disruptive Behavior

- Acting Out. Maladaptive Behavior in Confinement (Toch & Adams, 2002).

Fetal Alcohol Syndrome

- The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities (Streissguth and Kanter, eds., 1997)
- Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention and Treatment (Institute of Medicine, 1996)
- **www.ccsa.ca**
- **www.niaaa.gov**

- www.gov.bc.ca/bced/
- www.fetalchohol.com
- www.rsoa.org
- www.niaaa.nih.gov
- www.depts.washington.edu/fadu/

Panic Disorder

- Mastery of your Anxiety and Panic II (Barlow and Craske, 1994).
- Mastery of Your Specific Phobia (Antony, Barlow and Craske, 1997).

Pro-social Values

- Corrective Actions Journal Series - The Change Companies (1-888-889-8866)

Stress Management

- Stress Inoculation Training (Meichenbaum, D., 1985)

Trauma

- Shorter Term Treatments for Borderline Personality Disorders (Preston, 1997)
- Effective Treatments for PTSD (Foa, Keane, Friedman, eds., 2000)

Treatment

- Handbook of Offender Assessment and Treatment (Hollin, ed., 2001)

WEB RESOURCES

www.mentalhelp.net/psyhelp/
www.samenow.com
www.behavioraltech.com/store